

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-014453

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registered District No. 53 Primary Registration District No. 0000 Registrar's No. 203

FILED MAY 14 1962

VS 300
Rev. 4/59

0160
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whitewater		c. CITY OR TOWN Rt. # 1, Whitewater	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. E. of Whitewater		d. STREET ADDRESS (If outside, give location) 3 mi. E. of Whitewater	
3. NAME OF DECEASED (Type or print) First Emma Middle Wilhelmine Last Schlimme		4. DATE OF DEATH Month May Day 1 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-18-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 78
11. BIRTHPLACE (City and state or country) Whitewater, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Chris Grebe		13b. MOTHER'S MAIDEN NAME Amelia Bohnsack	14. NAME OF HUSBAND OR WIFE Louis F. Schlimme
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. *****	17. INFORMANT Louis F. Schlimme
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure			INTERVAL BETWEEN ONSET AND DEATH Immediate
DUE TO (b) Decompensated Hypertensive Heart Disease			10 yrs
DUE TO (c) Chronic Glomerulonephritis of unknown cause			20 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Anemia Chronic Bronchitis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from Sept. 17, 1957 to Apr. 30, 1962 and last saw her ^{her} alive on Mar. 16, 1962 Death occurred at during night m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. Marguerite Fuller D.O.		22b. ADDRESS Cape Girardeau, Cape	22c. DATE SIGNED Mo
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-1962	23c. NAME OF CEMETERY OR CREMATORY Zion Meth. Ch. Cemetery	23d. LOCATION (City, town, or county) (State) Gordonville, Mo.
24. FUNERAL DIRECTOR Ford & Sons Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 5-8-1962	26. REGISTRAR'S SIGNATURE Gene Kasten

USE BLACK INK OR TYPEWRITER RIBBON

Taken to doctor 5-2-62
Picked up 5-

MAY 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.